Van Contract

Date:/	
Organization:	
Contact Person:	
E-mail Address:	Phone #: (
Destination:	
City	State
Purpose of van use:	
Departure Date & Time:/_	/ : A.M. or P.M.
Return Date & Time://	
Driver's Name:	Student ID #:
Does the driver have a valid drive	Student ID #: er's license? Yes / No Issuing State:
Does the driver have a Gator licer	
of Motor Pool vehicles. I further verify that established regulations.	t I have agreed to abide by and follow these
Driver's Signature	Driver's Name (Printed)
Advisor's Signature	Advisor's Name (Printed)
Reminder:	
	optied upon return. Keys must be returned shed using the van. If the van is not clean and/or campus, a fine will be charged to your organization.
OFFICE USE ONLY:	
Approve / Deny	
	Date:/
Signature	
Name (Printed)	

Online Form Printed: 10/7/2008

Last Revised: 10/19/2007